## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

CLAIMS AS FILED - PART I									TITY		ATUED	
			(Column		(Column 2)			TYPE		OR	OTHER THAN	
TOTAL CLAIMS			15					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			1 i minus 20=		· C		I I	`X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			∫ minus 3 = *			ì		X42=		OR	X84=	
ML	ILTIPLE DEPEN	DENT CLAIM P	RESENT				1 h	4.40				
* 11	the difference	in column 1 is	less than zero, enter "0" in column 2				- L	+140=	-2.5	OR	+280=	
CLAIMS AS AMENDED - PART II							TOTAL	370	OR	TOTAL		
		(Column 1)	MENDED - PART II (Column 2) (Column 3)				)	SMALL I	ENTITY	OR	OTHER SMALL I	
AMENDMENT A	and the state of t	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus			- 1	]	<b>%</b> \$ 9=		OR	X\$18=	
	Independent		Minus (	en U		3000		X42=		OR	X84=	
<u> </u>	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT	CLAIM		<b>」</b> [	+140=		OR	+280=	
								TOTAL		OR	TOTAL	
ADDIT, FEE ADDIT, FEE ADDIT, FEE ADDIT, FEE										AUUII. FEEI		
AMENDMENT B	78	CLAIMS REMAINING AFTER AMENDMENT		HIĞH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 25	Minus	** 2	5	= Ø	7 /	X\$ 9=		OR	X\$18≃	
	Independent	. 3	Minus	***	3	= Ø	] [	X42≈		OR	X84=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM		<b>-</b>	+140=		OR	+280=	
							L	TOTAL		08	TOTAL	
		(Column 1)		(Colur	nn 2)	(Column 3)		DDIT. FEE L			ADDIT, FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	Jſ	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		-	11	X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
٠	t the entry in colu	mn 1 is less than t	ne entry in colu	ımn 2. write	• <b>"0" in c</b> o	lumn 3.	L	+140= TOTAL		OR	+280=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  ADDIT. FEE										OR	TOTAL ADDIT. FEE	
		nber Previously Pa						nd in the app	ropriate box	in col	umn 1.	

FORM PTO-875 (Rev. 8/01)

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